

# YOU'RE BUILDING A DECK?

## **READ THIS FIRST**

The following information will help you get started on building your own deck.

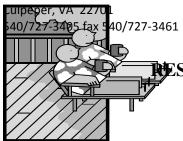
DECK REQUIREMENTS FOR DECK PACKAGE



### IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS...

	If the proposed deck is located next to or will provide access to a swimming pool, you will not qualify for the package application. Certain criteria regarding swimming pool barriers and fencing will apply. Please check our web site <a href="https://www.culpepercounty.gov">www.culpepercounty.gov</a> for Pool Fencing and Barrier restrictions or ask for a copy of the requirements at our office.
	To add a Hot tub on your deck will require an engineers' seal on the plans for structural integrity. Therefore, the detailed deck package cannot be used.
CC	OMPLETE THE FOLLOWING IF THE ABOVE ITEMS DO NOT APPLY
	Plans are not required for our Deck Package Permit. However, <u>you must read thoroughly the package requirements and follow the plan as it is written.</u> Any variation will require drawings to be submitted and reviewed. The Deck Package is for a simple square or rectangular single level deck.
	Footing details for firm bearing soil has a minimum footing depth of 18". Problem soils may require different depths.
	Size of all posts, joists, and beams, shown on a framing plan (Foot Print).
	Handrail and guardrail details.
	Stair details (if applicable)
	Attachment details, such as attachment to house, flashing detail, joist to beam connections, rail to post connections, post to footing, etc.
	As of January 1, 2004, the pressure treatment methods of lumber used in decks were changed. The new methods use chemicals that will prematurely corrode standard fasteners and hardware. Therefore, all joist hangers and other deck hardware must be galvanized with 1.85 oz/sq. ft. of zinc (G-185 coating) or shall be stainless steel of type 304 or better. All nails, screws, and other fasteners must be hot-dipped galvanized or stainless steel.





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## **Culpeper County** ESIDENTIAL DECK PACKAGE APPLICATION

(Using the Package Plan )

	Application should reflect actual work being performed. Application must be filled out completely.
☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
<b>SCOPE OF WORK</b> Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

### **FEE SCHEDULE Deck Package**

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	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
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Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
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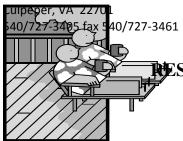
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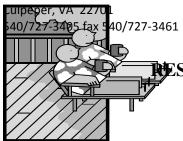
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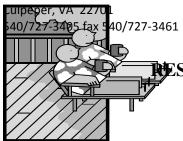
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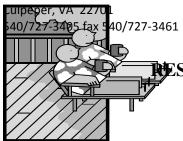
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	If the proposed deck is located next to or will provide access to a swimming pool, you will not qualify for the package application. Certain criteria regarding swimming pool barriers and fencing will apply. Please check our web site <a href="https://www.culpepercounty.gov">www.culpepercounty.gov</a> for Pool Fencing and Barrier restrictions or ask for a copy of the requirements at our office.
	To add a Hot tub on your deck will require an engineers' seal on the plans for structural integrity. Therefore, the detailed deck package cannot be used.
CC	OMPLETE THE FOLLOWING IF THE ABOVE ITEMS DO NOT APPLY
	Plans are not required for our Deck Package Permit. However, <u>you must read thoroughly the package requirements and follow the plan as it is written.</u> Any variation will require drawings to be submitted and reviewed. The Deck Package is for a simple square or rectangular single level deck.
	Footing details for firm bearing soil has a minimum footing depth of 18". Problem soils may require different depths.
	Size of all posts, joists, and beams, shown on a framing plan (Foot Print).
	Handrail and guardrail details.
	Stair details (if applicable)
	Attachment details, such as attachment to house, flashing detail, joist to beam connections, rail to post connections, post to footing, etc.
	As of January 1, 2004, the pressure treatment methods of lumber used in decks were changed. The new methods use chemicals that will prematurely corrode standard fasteners and hardware. Therefore, all joist hangers and other deck hardware must be galvanized with 1.85 oz/sq. ft. of zinc (G-185 coating) or shall be stainless steel of type 304 or better. All nails, screws, and other fasteners must be hot-dipped galvanized or stainless steel.





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## **Culpeper County** ESIDENTIAL DECK PACKAGE APPLICATION

(Using the Package Plan )

	Application should reflect actual work being performed. Application must be filled out completely.
☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm the	nat I am the owner of a certain trac	ct or parcel of land located at
	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
improve an existing structure on s	aid land.			
I affirm that I am aware of the may bid or undertake contractin specified in Section 54.1111 of any contractor not properly lice	ng work of \$1,000 or more. the Code which prohibits ar	I further certify that I am f ny awarding authority fron	n issuing permits or allowing the	of an awarding authority e issuance of such permits to
I affirm that I understand that a must be licensed as a <b>Class B</b> co contractor for any job of \$120,000	entractor for any job of \$7,500		any job of \$1,000 or more, but less 000; and that a contractor must be	
This permit becomes null and value suspended or abandoned for a pe be applied for 6-month period of ir	eriod of 6 months at any time a	after work is commenced. A	within 6 months after permit issua renewal fee of \$25.00, plus 2.0%	
I hereby certify that I have reacthis type of work will be complied provisions of any other state or local	with whether specified herein	or not, the granting of a per		
Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a and that I have applied for a bu	ilding permit to erect a
I affirm that I am aware of the before he may bid or undertake awarding authority specified it issuance of such permits to a commission of a misdemeand	ke contracting work of \$1,0 in Section 54.1111 of the C ny contractor not properly	000 or more. I further centrolled which prohibits any	awarding authority from issui	responsibilities of an ng permits or allowing the
I affirm that I understand that more, but less than \$7,500; II Cla \$120,000 or more.			ate your class); □ <b>Class C</b> contra than \$120,000; and <b>Class A</b> co	
I affirm that I am duly licensed subject to licensure as a contract by any county, city, or town so a	ctor, subcontractor, or owner	-developer pursuant to su		n full any license fees required
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I hereby certify that I have reagoverning this type of work will be violate or cancel the provisions of	be complied with whether sp	ecified herein or not, the g		sume to give authority to
Signature of Contractor/Authoriz	ed Agent	Print Name		Date



# YOU'RE BUILDING A DECK?

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The following information will help you get started on building your own deck.

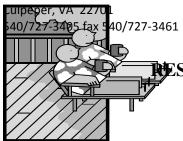
DECK REQUIREMENTS FOR DECK PACKAGE



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CC	OMPLETE THE FOLLOWING IF THE ABOVE ITEMS DO NOT APPLY
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(Using the Package Plan )

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☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
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	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
improve an existing structure on s	aid land.			
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I hereby certify that I have reacthis type of work will be complied provisions of any other state or local	with whether specified herein	or not, the granting of a per		
Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a and that I have applied for a bu	ilding permit to erect a
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Signature of Contractor/Authoriz	ed Agent	Print Name		Date



# YOU'RE BUILDING A DECK?

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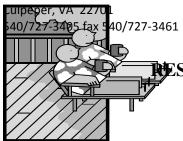
DECK REQUIREMENTS FOR DECK PACKAGE



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(Using the Package Plan )

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SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels			
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:			
Information requested is required.	Information requested is required.			
OWNER	CONTRACTOR			
Address:	Address:			
City/Town State zip code	City/Town State zip code			
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:			
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration			
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified			
Owner Signature:	Contract Amt. \$Total Sq. Footage			
Representative/Agent Name	Estimated Time of Construction:			
Telephone:	CONTACT PERSON			
Email Address:	Person to answer Plan Review Questions & Permit Pick UP			
Site Address:	CONTACT DAY PHONE:			
	CONTACT CELL PHONE:			
Directions:	Email Address:			
TYPE OF FOUNDATION FOOTINGS   Formed Cement  IMPORTANT: It is the responsibility of the person issued this permit to insure adherence to all zoning and				
	person issued this permit to contact this office for all building			
	Date:			
Signature of Owner/Agent	Printed Name			

### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					<del></del>
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm the	nat I am the owner of a certain trac	ct or parcel of land located at
	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
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Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a and that I have applied for a bu	ilding permit to erect a
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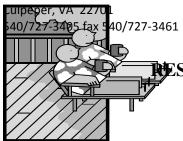
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Address:	Address:
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Signature of Owner		Print Name		 Date
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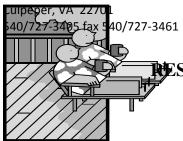
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## **Culpeper County** ESIDENTIAL DECK PACKAGE APPLICATION

(Using the Package Plan )

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☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
<b>SCOPE OF WORK</b> Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

#### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm the	nat I am the owner of a certain trac	ct or parcel of land located at
	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
improve an existing structure on s	aid land.			
I affirm that I am aware of the may bid or undertake contractin specified in Section 54.1111 of any contractor not properly lice	ng work of \$1,000 or more. the Code which prohibits ar	I further certify that I am f ny awarding authority fron	n issuing permits or allowing the	of an awarding authority e issuance of such permits to
I affirm that I understand that a must be licensed as a <b>Class B</b> co contractor for any job of \$120,000	entractor for any job of \$7,500		any job of \$1,000 or more, but less 000; and that a contractor must be	
This permit becomes null and value suspended or abandoned for a pe be applied for 6-month period of ir	eriod of 6 months at any time a	after work is commenced. A	within 6 months after permit issua renewal fee of \$25.00, plus 2.0%	
I hereby certify that I have reacthis type of work will be complied provisions of any other state or local	with whether specified herein	or not, the granting of a per		
Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
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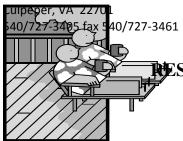
DECK REQUIREMENTS FOR DECK PACKAGE



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(Using the Package Plan )

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Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
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Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
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	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
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Phone and fax			<del></del>	None Designated	d

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Signature of Owner		Print Name		 Date
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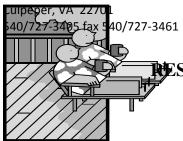
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Address:	Address:
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Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
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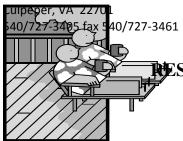
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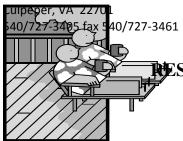
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	Attachment details, such as attachment to house, flashing detail, joist to beam connections, rail to post connections, post to footing, etc.
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## **Culpeper County** ESIDENTIAL DECK PACKAGE APPLICATION

(Using the Package Plan )

	Application should reflect actual work being performed. Application must be filled out completely.
☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
<b>SCOPE OF WORK</b> Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

#### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm the	nat I am the owner of a certain trac	ct or parcel of land located at
	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
improve an existing structure on s	aid land.			
I affirm that I am aware of the may bid or undertake contractin specified in Section 54.1111 of any contractor not properly lice	ng work of \$1,000 or more. the Code which prohibits ar	I further certify that I am f ny awarding authority fron	n issuing permits or allowing the	of an awarding authority e issuance of such permits to
I affirm that I understand that a must be licensed as a <b>Class B</b> co contractor for any job of \$120,000	entractor for any job of \$7,500		any job of \$1,000 or more, but less 000; and that a contractor must be	
This permit becomes null and value suspended or abandoned for a pe be applied for 6-month period of ir	eriod of 6 months at any time a	after work is commenced. A	within 6 months after permit issua renewal fee of \$25.00, plus 2.0%	
I hereby certify that I have reacthis type of work will be complied provisions of any other state or local	with whether specified herein	or not, the granting of a per		
Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a and that I have applied for a bu	ilding permit to erect a
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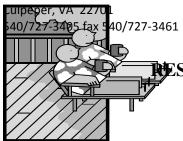
DECK REQUIREMENTS FOR DECK PACKAGE



#### IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS...

	If the proposed deck is located next to or will provide access to a swimming pool, you will not qualify for the package application. Certain criteria regarding swimming pool barriers and fencing will apply. Please check our web site <a href="https://www.culpepercounty.gov">www.culpepercounty.gov</a> for Pool Fencing and Barrier restrictions or ask for a copy of the requirements at our office.
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(Using the Package Plan )

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Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
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Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS ☐ Formed Cer  IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

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	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

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Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
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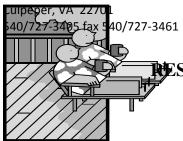
DECK REQUIREMENTS FOR DECK PACKAGE



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	If the proposed deck is located next to or will provide access to a swimming pool, you will not qualify for the package application. Certain criteria regarding swimming pool barriers and fencing will apply. Please check our web site <a href="https://www.culpepercounty.gov">www.culpepercounty.gov</a> for Pool Fencing and Barrier restrictions or ask for a copy of the requirements at our office.
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(Using the Package Plan )

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SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
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Representative/Agent Name	Estimated Time of Construction:
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Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
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Signature of Owner/Agent	Printed Name

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	Subtotal:			\$	
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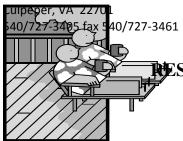
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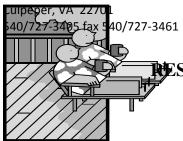
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## **Culpeper County** ESIDENTIAL DECK PACKAGE APPLICATION

(Using the Package Plan )

	Application should reflect actual work being performed. Application must be filled out completely.
☐ Residential <b>CODE:</b> ☐ 2006 IRC (International Res	sidential Code)
SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cell IMPORTANT: It is the responsibility of the person is	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
	Date:
Signature of Owner/Agent	Printed Name

### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm the	nat I am the owner of a certain trac	ct or parcel of land located at
	in the County of Culpep	er and that I have applied for	or a building permit to erect a struc	cture on said land or repair or
improve an existing structure on s	aid land.			
I affirm that I am aware of the may bid or undertake contractin specified in Section 54.1111 of any contractor not properly lice	ng work of \$1,000 or more. the Code which prohibits ar	I further certify that I am f ny awarding authority fron	n issuing permits or allowing the	of an awarding authority e issuance of such permits to
I affirm that I understand that a must be licensed as a <b>Class B</b> co contractor for any job of \$120,000	entractor for any job of \$7,500		any job of \$1,000 or more, but less 000; and that a contractor must be	
This permit becomes null and value suspended or abandoned for a pe be applied for 6-month period of ir	eriod of 6 months at any time a	after work is commenced. A	within 6 months after permit issua renewal fee of \$25.00, plus 2.0%	
I hereby certify that I have reacthis type of work will be complied provisions of any other state or local	with whether specified herein	or not, the granting of a per		
Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a and that I have applied for a bu	ilding permit to erect a
I affirm that I am aware of the before he may bid or undertake awarding authority specified it issuance of such permits to a commission of a misdemeand	ke contracting work of \$1,0 in Section 54.1111 of the C ny contractor not properly	000 or more. I further centrolled which prohibits any	awarding authority from issui	responsibilities of an ng permits or allowing the
I affirm that I understand that more, but less than \$7,500; II Cla \$120,000 or more.			ate your class); □ <b>Class C</b> contra than \$120,000; and <b>Class A</b> co	
I affirm that I am duly licensed subject to licensure as a contract by any county, city, or town so a	ctor, subcontractor, or owner	-developer pursuant to su		n full any license fees required
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I hereby certify that I have reagoverning this type of work will be violate or cancel the provisions of	be complied with whether sp	ecified herein or not, the g		sume to give authority to
Signature of Contractor/Authoriz	ed Agent	Print Name		Date



# YOU'RE BUILDING A DECK?

### **READ THIS FIRST**

The following information will help you get started on building your own deck.

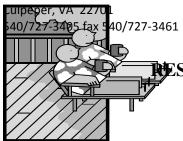
DECK REQUIREMENTS FOR DECK PACKAGE



### IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS...

	If the proposed deck is located next to or will provide access to a swimming pool, you will not qualify for the package application. Certain criteria regarding swimming pool barriers and fencing will apply. Please check our web site <a href="https://www.culpepercounty.gov">www.culpepercounty.gov</a> for Pool Fencing and Barrier restrictions or ask for a copy of the requirements at our office.
	To add a Hot tub on your deck will require an engineers' seal on the plans for structural integrity. Therefore, the detailed deck package cannot be used.
CC	OMPLETE THE FOLLOWING IF THE ABOVE ITEMS DO NOT APPLY
	Plans are not required for our Deck Package Permit. However, <u>you must read thoroughly the package requirements and follow the plan as it is written.</u> Any variation will require drawings to be submitted and reviewed. The Deck Package is for a simple square or rectangular single level deck.
	Footing details for firm bearing soil has a minimum footing depth of 18". Problem soils may require different depths.
	Size of all posts, joists, and beams, shown on a framing plan (Foot Print).
	Handrail and guardrail details.
	Stair details (if applicable)
	Attachment details, such as attachment to house, flashing detail, joist to beam connections, rail to post connections, post to footing, etc.
	As of January 1, 2004, the pressure treatment methods of lumber used in decks were changed. The new methods use chemicals that will prematurely corrode standard fasteners and hardware. Therefore, all joist hangers and other deck hardware must be galvanized with 1.85 oz/sq. ft. of zinc (G-185 coating) or shall be stainless steel of type 304 or better. All nails, screws, and other fasteners must be hot-dipped galvanized or stainless steel.





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(Using the Package Plan )

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SCOPE OF WORK Deck Size X =	Sq. Ft. # Levels
<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
Owner Signature:	Contract Amt. \$Total Sq. Footage
Representative/Agent Name	Estimated Time of Construction:
Telephone:	CONTACT PERSON
Email Address:	Person to answer Plan Review Questions & Permit Pick UP
Site Address:	CONTACT DAY PHONE:
	CONTACT CELL PHONE:
Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cer	ment ssued this permit to insure adherence to all zoning and
	person issued this permit to contact this office for all building
-	Date:
Signature of Owner/Agent	Printed Name

### **FEE SCHEDULE Deck Package**

	Deck #1 - Size:X		_ =		sq. ft.
	Permit Fee (\$.10 per sq.ft.) Residential minimum of \$50.00	**		\$	_
	Setback Fee	**		\$ 15.00	<del>-</del>
	Site Work Fee	**		\$ 15.00	<del>_</del>
	Pre-work	**		\$	_
	Other	**		\$	_
	Subtotal:			\$	
	2.0% Levy per USBC			\$	
	County Zoning Fee \$50.00		**	\$	_
	Total:			\$	_
LIEN AGENT					· · · · ·
Address					
City, State, Zip					
Phone and fax			<del></del>	None Designated	d

☐ OWNER (Acting as	s Contractor) – AF	FIDAVIT		
I	of (address)	affirm th	nat I am the owner of a certain trac	t or parcel of land located at
	in the County of Culper	per and that I have applied for	or a building permit to erect a struc	ture on said land or repair or
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I affirm that I am aware of the may bid or undertake contractin specified in Section 54.1111 of any contractor not properly lice	ng work of \$1,000 or more. the Code which prohibits a	I further certify that I am fa ny awarding authority fron	n issuing permits or allowing the	of an awarding authority e issuance of such permits to
I affirm that I understand that a must be licensed as a <b>Class B</b> co contractor for any job of \$120,000	intractor for any job of \$7,500		any job of \$1,000 or more, but less 000; and that a contractor must be	
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Signature of Owner		Print Name		 Date
• • • • • • • •	• • • • • • •	• • • • • • •	• • • • • • • •	• • • • • • •
□ CONTRACTOR – A	AFFIDAVIT			
Iaddress of owner)structure or repair or improve an			affirm that I have entered into a o and that I have applied for a bui	ilding permit to erect a
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I affirm that I understand that more, but less than \$7,500; II Cla \$120,000 or more.			ate your class);  Class C contrate than \$120,000; and Class A contrate than \$120,000.	
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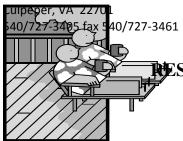
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<b>TYPE OF CONSTRUCTION</b> □ (5B) Wood Frame	□ Composite Decking □ Other:
Information requested is required.	Information requested is required.
OWNER	CONTRACTOR
Address:	Address:
City/Town State zip code	City/Town State zip code
Date of Birth: / / /  Month / Date / Year(ex.1960).	Business Phone:
IF APPLICABLE PLEASE COMPLETE.	License NoClassExpiration
As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf. Date:	Completed by intake Permit Technician  Contractor License verified
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Directions:	Email Address:
TYPE OF FOUNDATION FOOTINGS   Formed Cer	ment ssued this permit to insure adherence to all zoning and
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I affirm that I am duly licensed subject to licensure as a contract by any county, city, or town so a	ctor, subcontractor, or owner	r-developer pursuant to suc		n full any license fees required
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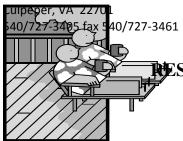
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